

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

SEVENTEENTH CONGRESS
Second Regular Session

HOUSE BILL NO. **6442**



Introduced by Representative Michael L. Romero

EXPLANATORY NOTE

HIV/AIDS infection in the Philippines is low but growing. The current incidence of HIV/AIDS in the country remains under 0.1% of the total population in 2015. The Philippines has one of the lowest rates of infection, yet has one of the fastest growing number of cases worldwide. The Philippines is one of seven countries with growth in number of cases of over 25%, **from 2001 to 2015**.

Cases are concentrated among men who have sex with men, and secondarily, among female sex workers. HIV cases among men having sex with men multiplied over 10 times since 2010. **HIV cases are getting younger.**

The first case of HIV infection in the Philippines was reported in **January 1984**.

CURRENT STATUS

Officially, the Philippines is a low-HIV-prevalence country, with less than 0.1 percent of the adult population estimated to be HIV-positive. As of April 2015, the Department of Health (**DOH**) **AIDS Registry** in the Philippines reported 24,936 cumulative cases. In April 2015, 560 new cases were reported showing a 42% increase compared to the same period in the previous year. In the year 2014, a total of 6,011 cases of HIV were reported with 91% of the cases being asymptomatic at the time of reporting while 543 cases were diagnosed as AIDS. **From 2001 to 2015** the number of cases diagnosed per year increased 37 times, from 174 cases diagnosed in 2001 to 6,552 for the first 10 months on 2015.

In the years 2010 to 2015, 91% (22,726) of cases were men with a median age of 28 years, with over half (12,616) in the 25-34 age group. 26% (6,529) of men were 20-24 years of age, an increase from 12% in 2005-2009. Since the year 2000, the high-prevalence age group has changed from the 30-39 year old age group being the most affected from years 2000-2004, to the 25-34 age group from years 2005 to 2009, and to 20-29 age group **from years 2010-2015**.

The infection rate among men having sex with men has multiplied **10 times from 2010 to 2015**. The Department of Health reported in November 2015, that the rate of prevalence has surpassed 5%, the UN's definition of concentrated epidemic, in eight cities namely: Cebu, Cagayan de Oro, Puerto Princesa, Davao, Quezon City, Parañaque and Makati, with Cebu reaching 14%.

Between 1984 and 1990, 62% (133 of 216) of cases were female. **From 2010 to 2015**, females only comprised 5% (1017) of the 20,512 reported cases.

From January 2010 to April 2015, 82% (20,512) of all cases were reported. At the time of reporting, 93% of these cases were still asymptomatic.

As of April 2015, 9,838 people living with HIV were undergoing Anti-Retroviral Therapy in **23 treatment hubs**.

Overseas Filipino workers account for about 20% of all cases.

MEANS OF TRANSMISSION

Of the 24,936 HIV-positive cases reported **from 1984 to 2015**, 93% (23,291) were infected through sexual contact of which 79% (18,023) was through homosexual and bisexual contact while heterosexual contact comprised the remaining 14% (3,273). 5% (1,096) of cases was caused by needle sharing among injecting drug users, 0.3% (73) through mother-to-child transmission, <0.1% (20) through blood transfusion and needle prick injury <0.1% (3). No data is available for 1.7% (375) of the cases.

Cumulative data shows 24% (5,268) were infected through heterosexual contact, 47% (11,023) through homosexual contact, and 30% (7,000) through bisexual contact. From 2007 there has been a shift in the predominant trend of sexual transmission from heterosexual contact (20%) to males having sex with other males (80%).

GEOGRAPHICAL DISTRIBUTION

From 1984 to 2015, the region with the most number of reported cases were Metro Manila with 11,081 (44%), Region 4A with 3,230 (13%) cases, Central Visayas with 2,260 (9%) cases, Region 3 with 2,025 (8%) cases and Region 11 with 1,460 (6%) cases. 3,734 (15%) of cases were distributed around the rest of the country while 1,146 (5%) had no data on the region.

AT-RISK GROUPS

Most-at-risk groups include men who have sex with men, with 395 new human immunodeficiency virus (HIV) infections among within this group from January to February 2013 alone, 96% up from 2005's 210 reported infections. A spokesperson of the **National Epidemiology Center (NEC) of the Department of Health** says that the sudden and steep increase in the number of new cases within the MSM community, particularly in the last three years (309 cases in 2006, and 342 in 2013), is "tremendously in excess of what is usually expected," allowing classification of the situation as an "epidemic". Of the cumulative total of 1,097 infected MSMs from 1984 to 2015, 49% were reported in the last three years (72% asymptomatic); 108 have died when reported, and slightly more MSMs were reportedly already with AIDS (30%).

Among MSM's, ninety percent of the newly infected are single (up to 35% of past cases reported involved overseas Filipino workers or OFWs and/or their spouse), with the most of the affected people now only 20 to 34 years old (from 45 to 49 years old in the past). The highest number of infections among MSMs is from Metro Manila. An HIV surveillance study conducted by the **University of the Philippines-Philippine General Hospital** showed that out of 406 MSM tested for HIV from entertainment areas in Metro Manila, HIV prevalence using the rapid test was 11.8% (95% confidence interval: 8.7- 15.0). Increasing infection rates were also noted in the cities of Angeles, Cebu, and Davao. 1 to 3 percent of MSM's were found to be HIV-positive by sentinel surveillance conducted in Cebu and Quezon cities in 2001.

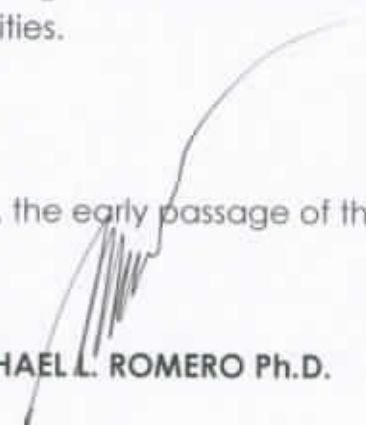
Another at-risk group are injecting drug users (IDUs), 1% of whom were found to be HIV-positive in Cebu City in 2005. A high rate of needle sharing among IDUs in some areas (77 percent in Cebu City) is of concern. Sex workers, because of their infrequent condom use, high rates of sexually transmitted infections (STIs), and other factors, are also considered to be at risk.

The threats and effects that AIDS/HIV brings to the population is a severe cause for concern. However, the prevalence of virus within the Philippine population remains low despite an increase in the number of cases. In fact, the Philippines qualifies as one of the few countries where the growth of AIDS/HIV cases has approximately increased to 25% from in a span of a couple of years **from 2001-2015**.

The rise in the number of cases can be best categorized by specific groups in the population. First, the age group that is most affected are **15-24 years old**. Young professionals engaging in unprotected sexual intercourse is the main cause for the contraction and it accounts for one third of the AIDS/HIV-infected population. Furthermore, the infection within this age group is more prevalent with **homosexual relationships**.

This House Bill seeks to foster the recognition of this growing epidemic, socio-cultural risks and vulnerabilities to HIV/AIDS. To promote and stimulate government leadership action in a low-HIV-prevalence country, To advocate for a stronger and sustainable response to AIDS when faced with other competing priorities.

Thus, the early passage of this bill is earnestly requested.



MICHAEL L. ROMERO Ph.D.

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City

SEVENTEENTH CONGRESS
Second Regular Session

6442
HOUSE BILL NO. _____

Introduced by Representative Michael L. Romero

AN ACT

MANDATING ALL HOSPITALS TO ESTABLISH A HIV/AIDS TESTING CENTER, TO FOSTER A MORE EFFECTIVE HEALTH SECURITY SCHEME, TO PROVIDE AN ADDITIONAL CONTROL AND DETECTION MECHANISM AND FACILITY, AND FOR OTHER PURPOSES

Be it enacted by the Senate and House of Representatives of the Philippines in Congress assembled:

SECTION 1. DECLARATION OF POLICY – it is hereby declared a policy of the state to establish health security standards and mechanisms.

It is also a policy of the state to create facilities that will spearhead and provide control and detection schemes specifically for those highly contagious, communicable and deadly diseases, **most especially AIDS/HIV.**

SECTION 2. PROCEDURE - The republic of the Philippines uses antiretroviral treatment (**ART**) to treat people with HIV/AIDS. This treatment involves using different kinds of drugs such as *zidovudine, lamivudine, and nevirapine*.

Another method that is being used is **lab examination**, which will help monitor the patient's ART or antiretroviral drug level. Since treatment for HIV/AIDS is based on a case to case level, this will determine how the patient will be treated.

The antiretroviral drug does not kill the virus that causes the disease. It's simply a way to help fight infection.

This way, the patient prolongs his/her life even with the disease. With this being said, patients have to go undergo lab examinations depending on their respective cases and receive this treatment throughout their existence. It is a form of therapy that they would have to undergo.

The government will handle most of the costs in association with the disease. As of April 20th, 2015, the Department of Health (DOH) mentioned that they plan to buy P180 million worth of ARV or antiretroviral drugs to be used in ART.

SECTION 3. APPROPRIATION

The amount determined by the Department of Health (DOH) for the implementation of this Act shall be charged under the existing funding of the Central office of the DOH.

Thereafter such amounts necessary for the successive and continuous implementation of this Act, including the operational, organizational and maintenance of reserves shall be automatically appropriated in the General Appropriations Act (GAA).

SECTION 4. TRANSITORY PROVISION – Existing industries, businesses and offices affected by the implementation of this Act shall be given six **(6)** months transitory period from the effectivity of the IRR or such other period as may be determined, to comply with the requirements of this Act.

SECTION 5. IMPLEMENTING RULES AND REGULATIONS – The departments and agencies charged, to be lead by the Department of Health (DOH) with carrying out the provisions of this Act shall, shall within sixty **(60)** days after the effectivity of this Act, formulate the necessary rules and regulations for its effective implementation.

SECTION 6. REPEALING CLAUSE – All laws, decrees, executive orders, rules and regulations, or parts thereof inconsistent with the provisions of this Act are hereby repealed or modified accordingly.

SECTION 7. SEPARABILITY CLAUSE – If, for any reason, any section or provision of this Act is held unconstitutional or invalid, the other sections or provisions hereof shall not be affected thereby.

SECTION 8. EFFECTIVITY CLAUSE – This Act shall take effect after fifteen (15) days from its publication in the Official Gazette or in at least two (2) national newspapers of general circulation whichever comes earlier.

Approved,